

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

45th day / 70th day
7-30-17 / 8-24-17

PRINTED: 06/08/2017
FORM APPROVED
OMB NO 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION <i>POCH1 original</i>		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445166		(X2) MULTIPLE CONSTRUCTION A BUILDING 01 - MAIN BUILDING 01 B WING _____		(X3) DATE SURVEY COMPLETED 06/06/2017	
NAME OF PROVIDER OR SUPPLIER THE HEALTH CENTER AT RICHLAND PLACE				STREET ADDRESS, CITY, STATE, ZIP CODE 504 ELMINGTON AVENUE NASHVILLE, TN 37205			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K 000	INITIAL COMMENTS A Life Safety Code Survey was conducted by the State of Tennessee Department of Health Division of Health Licensure and Regulation Office of Health Care Facilities survey on 06/06/2017. During this Life Safety Survey, The Health Center at Richland Place was found not in substantial compliance with the requirements for participation in Medicare/Medicaid at 42 CFR Subpart 483.70(a), Life Safety from Fire, and the related National Fire Protection Association (NFPA) standard 101-2012. The requirement at 42 (CFR), Subpart 483.70(a) is NOT MET as evidenced by: NFPA 101 Vertical Openings - Enclosure Vertical Openings - Enclosure 2012 EXISTING Stairways, elevator shafts, light and ventilation shafts, chutes, and other vertical openings between floors are enclosed with construction having a fire resistance rating of at least 1 hour. An atrium may be used in accordance with 8.6.19.3.1.1 through 19.3.1.6 If all vertical openings are properly enclosed with construction providing at least a 2-hour fire resistance rating, also check this box. This STANDARD is not met as evidenced by: This deficiency affected 1 of 10 smoke compartments. Based on observations, the facility failed to maintain the vertical openings. The findings included:			K000			
K 311 SS=D				K 311	Penetration from steel pipe in the Stairwell leading from the parking Garage to the health care center will be sealed with fire caulking. Maintenance Director will ensure completion and will Survey other penetrations on campus to ensure compliance as well. Maintenance Dir will inspect all future penetrations created from construction or renovations are properly sealed and other maintenance staff will be trained on this requirement to ensure compliance.		7/15/2017

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER/REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Christina Jones

Administrative

6/22/17

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 311	Continued From page 1 Observation on 06/06/2017 at 11:25 AM, revealed 2 ½ inch steel pipe penetration not sealed, above the door, in the block wall of the stairwell leading from the parking garage into the health care center. NFPA 101, 8.3.5 (2012 Edition) NFPA 101, 19.3.1 (2012 Edition)	K 311			
K 321 SS=D	Maintenance staff was present when the deficiencies were identified and the administrator acknowledged the deficiencies during the exit conference on 06/06/2017. NFPA 101 Hazardous Areas - Enclosure Hazardous Areas - Enclosure 2012 EXISTING Hazardous areas are protected by a fire barrier having 1-hour fire resistance rating (with 3/4-hour fire rated doors) or an automatic fire extinguishing system in accordance with 8.7.1. When the approved automatic fire extinguishing system option is used, the areas shall be separated from other spaces by smoke resisting partitions and doors in accordance with 8.4. Doors shall be self-closing or automatic-closing and permitted to have nonrated or field-applied protective plates that do not exceed 48 inches from the bottom of the door. Describe the floor and zone locations of hazardous areas that are deficient in REMARKS . 19.3.2.1 Area Automatic Sprinkler Separation <i>N/A</i> a. Boiler and Fuel-Fired Heater Rooms b. Laundries (larger than 100 squarefeet) c. Repair, Maintenance, and Paint Shops d. Soiled Linen Rooms (exceeding 64 gallons) e. Trash Collection Rooms	K 321	The electrical cord preventing self- closure of the kitchen dry goods storage room door was removed on 6/7/2017. All Maintenance staff will ensure that no Other electrical cords are being used In the center in a way that would put Safety at risk (fire safety or general Safety) Maintenance director will Educate staff on electrical cord safety At the July staff meetings. Completion by July 14, 2017. The penetration in the ceiling of the Elevator equipment room will be sealed with fire caulk by maintenance director. Maintenance Director will check for other penetrations and seal as needed. The materials filling the conduit and metal clad cable penetration will be removed and replaced with fire- stopping materials by maintenance director as required by K321.		7/14/2017 7/14/2017 7/14/2017

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K 321	Continued From page 2 (exceeding 64 gallons) f. Combustible Storage Rooms/Spaces (over 50 square feet) g. Laboratories (if classified as Severe Hazard - see K322) This STANDARD is not met as evidenced by: This deficiency affected 2 of 10 smoke compartments. Based on observations, the facility failed to maintain the hazardous areas. The finding included: 1. Observation on 06/06/2017 at 10:54 AM, revealed an electrical cord running through the doorway of the kitchen dry goods storage room preventing it from self-closing within the frame. NFPA 101, 19.3.2.3 (2012 Edition) 2. Observation on 06/06/2017 at 11:19 AM, revealed a 4" steel pipe penetration in the concrete ceiling of the elevator equipment room. NFPA 101, 8.3.5 (2012 Edition) NFPA 101, 19.3.2.1 (2012 Edition) 3. Observation on 06/06/2017 at 11:45 AM, revealed conduit and metal clad cable penetration filled with mixed fire-stopping materials above the door in the transfer switch room. NFPA 101, 8.3.5 (2012 Edition) NFPA 101, 19.3.2.1 (2012 Edition) Maintenance staff was present when the deficiencies were identified and the administrator acknowledged the deficiencies during the exit conference on 06/06/2017.	K 321			
K 324 SS=D	NFPA 101 Cooking Facilities	K324			

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K 324	<p>Continued From page 3</p> <p>Cooking Facilities Cooking equipment is protected in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, unless:</p> <ul style="list-style-type: none"> * residential cooking equipment (i.e., small appliances such as microwaves, hot plates, toasters) are used for food warming or limited cooking in accordance with 18.3.2.5.2, 19.3.2.5.2 * cooking facilities open to the corridor in smoke compartments with 30 or fewer patients comply with the conditions under 18.3.2.5.3, 19.3.2.5.3, or * cooking facilities in smoke compartments with 30 or fewer patients comply with conditions under 18.3.2.5.4, 19.3.2.5.4. <p>Cooking facilities protected according to NFPA 96 per 9.2.3 are not required to be enclosed as hazardous areas, but shall not be open to the corridor.</p> <p>18.3.2.5.1 through 18.3.2.5.4, 19.3.2.5.1 through 19.3.2.5.5, 9.2.3, TIA 12-2</p> <p>This STANDARD is not met as evidenced by: This deficiency affected 1 of 10 smoke compartments.</p> <p>Based on interview, the facility failed to protect the cooking facilities.</p> <p>The findings included:</p> <p>Interview with kitchen staff member #1 on 06/06/2017 at 11:00 AM, revealed the staff member was not familiar with the proper kitchen fire procedures including manual activation of the</p>	K324	<p>Kitchen staff will receive additional training on proper kitchen fire procedures, including procedures related to manual activation of the kitchen hood suppression system. This training will be conducted by the dietary manager and the maintenance director.</p>	7/14/2017			

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K 324	Continued From page 4 kitchen hood suppression system. NFPA 101, 19.3.2.5.3 (2012 Edition) NFPA96, 10.5.7 (2011 Edition) Maintenance staff was present when the deficiencies were identified and the administrator acknowledged the deficiencies during the exit conference on 06/06/2017.	K324			
K 511 SS=D	NFPA 101 Utilities - Gas and Electric Utilities - Gas and Electric Equipment using gas or related gas piping complies with NFPA 54, National Fuel Gas Code, electrical wiring and equipment complies with NFPA 70, National Electric Code. Existing installations can continue in service provided no hazard to life. 18.5.1.1, 19.5.1.1, 9.1.1, 9.1.2 This STANDARD is not met as evidenced by: This deficiency affected 1 of 10 smoke compartments. Based on observations, the facility failed to maintain the utilities. The findings included: Observation on 06/06/2017 at 10:57 AM, revealed the gas grill in the kitchen was mounted on castors without a restraint device. NFPA 101, 19.5.1 (2012 Edition) NFPA 101, 9.1.1 (2012 Edition) NFPA 54, 9.6.1.2 (2012 Edition) Maintenance staff was present when the	K 511	K 511 Restraint device will be added to the gas grill in the kitchen that is currently mounted on castors without a restraint device. This will be completed by the maintenance director. Maintenance Director will check all equipment using gas or related gas piping to ensure it meets this regulatory requirement.		7/14/2017

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K 511	Continued From page 5	K 511			
K 741	deficiencies were identified and the administrator acknowledged the deficiencies during the exit conference on 06/06/2017.	K 741			
SS=D	NFPA 101 Smoking Regulations Smoking Regulations Smoking regulations shall be adopted and shall include not less than the following provisions: (1) Smoking shall be prohibited in any room, ward, or compartment where flammable liquids, combustible gases, or oxygen is used or stored and in any other hazardous location, and such area shall be posted with signs that read NO SMOKING or shall be posted with the international symbol for no smoking. (2) In health care occupancies where smoking is prohibited and signs are prominently placed at all major entrances, secondary signs with language that prohibits smoking shall not be required. (3) Smoking by patients classified as not responsible shall be prohibited. (4) The requirement of 18.7.4(3) shall not apply where the patient is under direct supervision. (5) Ashtrays of noncombustible material and safe design shall be provided in all areas where smoking is permitted. (6) Metal containers with self-closing cover devices into which ashtrays can be emptied shall be readily available to all areas where smoking is permitted. 18.7.4, 19.7.4 This STANDARD is not met as evidenced by: Based on observations, the facility failed to comply with smoking regulations. The findings included:		Metal can without self-closing lid was removed immediately when noted during survey. Can will be replaced with a can with a self-closing lid. This will be completed by the maintenance director.	7/14/2017	

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K 741	Continued From page 6 Observation on 06/06/2017 at 11:22 AM, revealed no metal can with a self-closing lid for ash waste disposal. NFPA 101, 19.7.4 (2012 Edition)	K 741			
K 923 SS=D	Maintenance staff was present when the deficiencies were identified and the administrator acknowledged the deficiencies during the exit conference on 06/06/2017. NFPA 101 Gas Equipment- Cylinder and Container Storage Gas Equipment - Cylinder and Container Storage Greater than or equal to 3,000 cubic feet Storage locations are designed, constructed, and ventilated in accordance with 5.1.3.3.2 and 5.1.3.3.3. >300 but <3,000 cubic feet Storage locations are outdoors in an enclosure or within an enclosed interior space of non- or limited- combustible construction, with door (or gates outdoors) that can be secured. Oxidizing gases are not stored with flammables, and are separated from combustibles by 20 feet (5 feet if sprinklered) or enclosed in a cabinet of noncombustible construction having a minimum 1/2 hr. fire protection rating. Less than or equal to 300 cubic feet In a single smoke compartment, individual cylinders available for immediate use in patient care areas with an aggregate volume of less than or equal to 300 cubic feet are not required to be stored in an enclosure. Cylinders must be handled with precautions as specified in 11.6.2. A precautionary sign readable from 5 feet is on each door or gate of a cylinder storage room, where the sign includes the wording as a minimum "CAUTION: OXIDIZING GAS(ES) STORED WITHIN NO SMOKING "	K923	O2 cylinders were stored within 5 ft of combustible materials during survey. A new O2 storage area has been identified that meets the requirements of K923. O2 cylinders will be relocated to the new location by the maintenance staff.		7/28/2017

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K 923	<p>Continued From page 7</p> <p>Storage is planned so cylinders are used in order of which they are received from the supplier. Empty cylinders are segregated from full cylinders. When facility employs cylinders with integral pressure gauge, a threshold pressure considered empty is established. Empty cylinders are marked to avoid confusion. Cylinders stored in the open are protected from weather.</p> <p>11.3.1, 11.3.2, 11.3.3, 11.3.4, 11.6.5 (NFPA99)</p> <p>This STANDARD is not met as evidenced by: Based on observations, the facility failed to maintain the oxygen cylinder storage.</p> <p>The findings included:</p> <p>Observation on 06/06/2017 at 11:36 AM, revealed 54 "E" sized cylinders stored in central supply within 5 feet of combustible materials (wood desk and boxed storage). NFPA 101, 19.3.2.4 (2012 Edition) NFPA 99, 11.3.2.3 (2012 Edition)</p> <p>Maintenance staff was present when the deficiencies were identified and the administrator acknowledged the deficiencies during the exit conference on 06/06/2017.</p>	K923			

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